

SOLICITATION, OFFER AND AWARD**1. THIS CONTRACT IS A RATED ORDER
UNDER DPAS (15 CFR 700)**

RATING

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2. CONTRACT NUMBER

3. SOLICITATION NUMBER

223-01-FEED

4. TYPE OF SOLICITATION

☐ SEALED BID (IFB)☒ NEGOTIATED (RFP)

5. DATE ISSUED

3/7/01

6. REQUISITION/PURCHASE
NUMBER

7. ISSUED BY

CODE

DHHS/FDA/OFACS/DCPM/ORA Contract Support Branch
5600 Fishers Lane, Room 2129, HFA-521
Rockville, Maryland 20857

8. ADDRESS OFFER TO (If other than item 7)

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".**SOLICITATION**9. Sealed offers in original and 3 copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if handcarried, in the depository located in 5630 Fishers Lane, Room 2129 until 4:30P local time Rockville, Maryland 20857 (Date)

CAUTION - LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.

10. FOR
INFORMATION
CALL:

A. NAME

B. TELEPHONE (NO COLLECT CALLS)

C. E-MAIL ADDRESS

AREA CODE

NUMBER

EXT.

301

827-71

N/A

@oc.fda.gov

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OFFER (Must be fully completed by offeror)

NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.

12. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

13. DISCOUNT FOR PROMPT PAYMENT ☒ 10 CALENDAR DAYS (%) ☐ 20 CALENDAR DAYS (%) ☐ 30 CALENDAR DAYS (%) ☐ CALENDAR DAYS (%)
(See Section I, Clause No. 52-232-8)

14. ACKNOWLEDGMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated):

AMENDMENT NO.

DATE

AMENDMENT NO.

DATE

15A. NAME AND
ADDRESS
OF OFFEROR

CODE

FACILITY

16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER
(Type or print)

15B. TELEPHONE NUMBER

AREA CODE

NUMBER

EXT.

☐ 15C. CHECK IF REMITTANCE ADDRESS
IS DIFFERENT FROM ABOVE - ENTER
SUCH ADDRESS IN SCHEDULE.

17. SIGNATURE

18. OFFER DATE

AWARD (To be completed by Government)

19. ACCEPTED AS TO ITEMS NUMBERED

20. AMOUNT

21. ACCOUNTING AND APPROPRIATION

22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION:

☐ 10 U.S.C. 2304(c) () ☒ 41 U.S.C. 253(c) (1)23. SUBMIT INVOICES TO ADDRESS
SHOWN IN (4 copies unless otherwise specified)

ITEM

G-2

24. ADMINISTERED BY (If other than item 7)

CODE

25. PAYMENT WILL BE MADE BY

CODE

26. NAME OF CONTRACTING OFFICER (Type or print)

27. UNITED STATES OF AMERICA

28. AWARD DATE

(Signature of Contracting Officer)

IMPORTANT - Award will be made on this Form, or on Standard Form 26, or by other authorized official written notice.